

Affordable Care Act (ACA) Forms - Prepare and Print and/or eFile

Document #:	3264	Product:	CenterPoint® Payroll
--------------------	------	-----------------	----------------------

The instructions in this document include the information necessary to set up CenterPoint Payroll in order to process Forms 1094-C and 1095-C.

[Step A - Set the Employer ACA Specifics](#)

[Step B - Set your Employee ACA Coverage](#)

[Step C - Print the ACA Forms](#)

[Frequently Asked Questions](#)

For detailed information about the Affordable Care Act, see the following publications:

[Publication 5208 Affordable Care Act: Are you an applicable large employer?](#)

[Q & A on Employer Shared Responsibility Mandate](#)

[Q & A on Information Reporting Mandate](#)

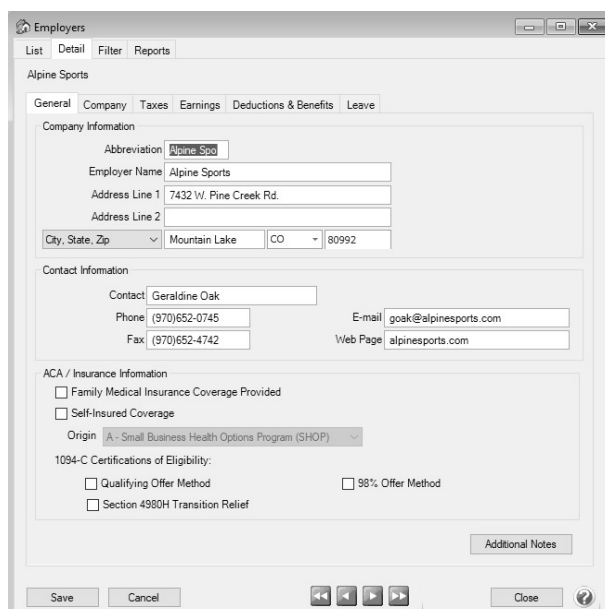
[Affordable Care Act Mandates for Employers](#)

[Q & A on Affordable Care Act Mandates](#)

[1094-C and 1095-C Instructions](#)

Step A - Set the Employer ACA Specifics

1. Select **Setup > Payroll Details > Employers**.



2. Select your employer and click **Edit**.
3. Under ACA/Insurance Information, select the **Family Medical Insurance Provided** checkbox if family medical insurance is provided by the employer.
4. This step should only be completed if you are self-insuring your employees with your own health insurance and not insuring your employees through an insurance company. If you do not self-insure your employees, skip to Step 6. Under ACA information, on the bottom of the **General** tab, select the **Self-Insured Coverage** check box. When this check box is selected, the Part III Employer Provided Self-Insured check box will be marked on the 1095-C Transmittal form.
5. If you selected the Self-Insured Coverage check box, in the **Origin** box, select the code that will display for the Origin on the 1095-B. The options are:
 - » A - Small Business Health Options Program (SHOP).
 - » B - Employer-sponsored coverage.
 - » C - Government-sponsored program.
 - » D - Individual market insurance.
 - » E - Multi-employer plan.
 - » F - Other designated minimum essential coverage.
 - » G - Individual Coverage HRA (Health Reimbursement Arrangement)
6. Under **1094-C Certifications of Eligibility**, select the appropriate boxes:
 - » **Qualifying Offer Method** - Check this box if the employer is eligible to use and is using the Qualifying Offer Method to report the information on Form 1095-C for one or more full-time employees. To be eligible to use the Qualifying Offer Method for reporting, the employer must certify that it made a Qualifying Offer to one or more of its full-time employees for all months during the year in which the employee was a full-time employee for whom an employer shared responsibility payment could apply.
 - » **Section 4980H Transition Relief** - Check this box if the employer is eligible for section 4980H Transition Relief under either:
 - » 2015 Section 4980H Transition Relief for ALEs with Fewer Than 100 Full-Time Employees, Including Full-Time Equivalent Employees (50-99 Transition Relief), or
 - » 2015 Transition Relief for Calculation of Assessable Payments Under Section 4980H(a) for ALEs with 100 or More Full-Time Employees, Including Full-Time Equivalent Employees (100 or More Transition Relief).
 - » **98% Offer Method** - Check this box if the employer is eligible for and is using the 98% Offer Method. To be eligible to use the 98% Offer Method, an employer must certify that taking into account all months during which the individuals were employees of the employer and were not in a Limited Non-Assessment Period, the employer offered, affordable health coverage providing minimum value to at least 98% of its employees for whom it is filing a Form 1095-C employee statement, and offered minimum essential coverage to those employees' dependents.
7. Click **Save**.
8. Click **Close**.

Step B - Set your Employee ACA Information

1. Select **Setup > Employees**.
2. Select an employee and click **Edit**.
3. Select the **Payroll** tab.
4. Select the **Consent to Electronic 1095** if this employee consents to not receive a paper 1095 form and to **only** receive the 1095 electronically to be viewed electronically through Aatrix. If this box is selected, a signed consent form must be on file. This form can be printed from **Federal & State Payroll Forms & Reports > Federal Tax Forms** and selecting **Electronic 1095 Consent** in the **Report** box.
5. Select the **ACA Information** tab.
6. Select the **Employer** this employee is associated with for reporting on the 1094-C and 1095-C.
7. Click **Add**.



Note: For specific instructions from the IRS regarding the lines on the 1095-C and 1094-C, please visit the IRS website at <http://www.irs.gov/instructions/i109495c>

8. Select the New Coverage Period's **Year** and **Month**.
9. Click **OK**.
10. Select the **Status**. The options are Full-Time, Part-Time or Not Employed.
11. Select the **Offer** coverage code. This code will be used for Line 14 on the 1095-C .



Note: The Red Wing Software Technical Support department will not be able to inform you about what code you should be selecting in this field. If necessary, please either contact your tax preparer or accountant or use the links above provided by the IRS.

- » **Not Applicable (No Form):** Select this option if you want an employee to be included in the ACA counts, but excluded from printing a 1095 form, for example for part-time employees.
- » **1A - Qualifying Offer:** Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).
- » **1B - Minimum Essential Coverage (Employee Only):** Minimum essential coverage providing minimum value offered to employee only.
- » **1C - Minimum Essential Coverage (Dependents Not Spouse) -** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
- » **1D. - Minimum Essential Coverage (Spouse Not Dependents) -** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).
- » **1E - Minimum Essential Coverage (Dependents & Spouse) -** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.
- » **1F - Minimum Essential Coverage NOT Providing Minimum Value -** Minimum essential coverage not providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.

- » **1G - Offer of Coverage (Not Full-Time)** - Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year.
- » **1H - No Offer of Coverage** - The employee was not offered any health coverage or employee offered coverage that is not minimum essential coverage.
- » **1J - Minimum Essential Coverage (Conditionally Spouse, NOT Dependents)** - Essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse' and minimum essential coverage NOT offered to your dependent(s)
- » **1K - Minimum Essential Coverage (Conditionally Spouse & Dependents)** - Essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- » **1L - Individual Coverage HRA (Employee only) with affordability determined by primary residence ZIP code** - Individual coverage HRA offered to employee only with affordability determined by using employee's primary residence location ZIP code.
- » **1M - Individual Coverage HRA (Employee & Dependents, not Spouse) with affordability determined by primary residence ZIP code** - Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.
- » **1N - Individual Coverage HRA (Employee, Spouse & Dependents) with affordability determined by primary residence ZIP code** - Individual coverage HRA offered to employee, spouse, and dependent(s) with affordability determined by using employee's primary residence location ZIP code.
- » **1O - Individual Coverage HRA (Employee only) using primary employment ZIP code affordability safe harbor** - Individual coverage HRA offered to employees only using the employee's primary employment site ZIP code affordability safe harbor.
- » **1P - Individual Coverage HRA (Employee & Dependents, not Spouse) using primary employment ZIP code affordability safe harbor** - Individual coverage HRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- » **1Q - Individual Coverage HRA (Employee, Spouse & Dependents) using primary employment ZIP code affordability safe harbor** - Individual coverage HRA offered to employee, spouse, and dependent (s) using employee's primary employment site ZIP code affordability safe harbor.
- » **1R - Individual Coverage HRA that is NOT affordable** - Individual coverage HRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.
- » **1S - Individual Coverage HRA (Not Full-Time)** - Individual coverage HRA offered to an individual who was not a full-time employee.
- » **1T - Individual Coverage HRA (Employee & Spouse, No Dependents)**with affordability determined by primary residence ZIP code.
- » **1U - Individual coverage HRA (Employee & Spouse, No Dependents)** using primary employment ZIP code affordability safe harbor.
- » **1I - Qualifying Offer Transition Relief (2015 Only)**

12. Enter the **Employee Share of Lowest-Cost Monthly Premium** if you selected 1B, 1C, 1D or 1E in the Offer field. This amount is used for Line 15 of the 1095-C. Enter the amount of the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee (this amount may not be the amount the employee is paying for the coverage, for example, if the employee chose to enroll in more expensive coverage such as family coverage or if two plans were offered and the employee chose the higher cost plan).

13. Select a **Section 4980H Safe Harbor Code** if one of the following situations applied to the employee (this is an optional field, but should be selected if any of the situations listed below apply to the employee). In some circumstances more than one situation could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one code may be used for a particular calendar month. For any month in which an employee enrolled in minimum essential coverage, indicator code 2C reporting enrollment is used instead of any other indicator code that could also apply. For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use; see the descriptions of the codes below.

- » **2A - Employee Not Employed** - Select code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the employer on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
- » **2B - Employee not Full-time** - Select code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month). Also use this code for January 2015 if the employee was offered health coverage no later than the first day of the first payroll period that begins in January 2015 and the coverage offered was affordable for purposes of the employer shared responsibility provisions under section 4980H and provided minimum value.
- » **2C - Employee Enrolled in Coverage Offered** - Select code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor).
- » **2D - Employee in Section 4980H(b)** - Select code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multi-employer interim rule relief for the month code 2E, enter code 2E (multi-employer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).
- » **2E - Multi-employer Interim Rule Relief** - Select code 2E for any month for which the multi-employer interim guidance applies for that employee. This relief is described under Offer of Health Coverage definition on the IRS website at <http://www.irs.gov/instructions/i109495c/ar01.html#d0e655>.




Note for Codes 2F through 2H: Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multi-employer interim guidance, an employer eligible for the relief provided in the multi-employer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H).


- » **2F - Section 4980H - Form W-2** - Select code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
- » **2G - Section 4980H - Federal Poverty Line** - Select code 2G if the employer used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
- » **2H - Section 4980H - Rate of Pay** - Select code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

- » **2I - Non-calendar Year Transition Relief(2015 Only)** -Select code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions at <http://www.irs.gov/instructions/i109495c/ar01.html#d0e655> under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I), for a description of this relief. This code was valid for 2015 only.

14. The **Dependents** section is used for Lines 17-22 on the 1095-C.


 Note: If the Self-Insured check box is not selected in Setup > Payroll Details > Employers, the label above the Dependents Grid will display "Dependents (Not Required Unless Self-Insured)" and if the Self-Insured check box is selected in Setup > Payroll Details > Employers, the label above the Dependents Grid will display "Dependents (Required)". The first line in the Dependents grid will automatically display the current employee's information. Select the **Incl** check box to include the dependent on the 1095-C. Enter the dependents associated with this employee. The First Name and Last Name are required fields. The DOB is a required field if the SSN is not entered. The Middle initial, Suffix, and SSN are optional fields. Dependents or blank rows can be removed from the grid by right-clicking on the dependent row and then selecting Delete Row. Dependents apply to all coverage periods.

15. Repeat Steps 5-10 for each coverage period for this employee.
 16. Click **Save**.
 17. Repeat Steps 1-13 for all employees.

 Note: A coverage period can be copied to from one employee to one or more additional employees (excluding dependents) by right-clicking on the coverage period on the left side of the screen or selecting the coverage period on the left side of the screen and clicking the Copy To button and then selecting the employee(s) to copy the coverage period to and clicking Copy.

18. You can print the Employee ACA Setup report from **Reports > Reports > Payroll Setup Lists > Employees > Employee ACA Setup** to list the employee ACA setup information. By default, the report will show employees that are not set up with ACA. To add ACA information for an employee, edit the employee (s) and select the ACA Information tab. To show employees that are set up, change the ACA Setup filter to Yes.

Step C - Print the ACA Forms

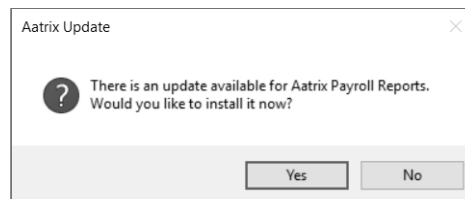
 Note: The example below is for the 1094/1095-C forms, if you are processing the 1094/1095-B forms the screens that display may appear slightly different.

1. Select **Reports > Federal & State Payroll Forms & Reports > Federal Tax Forms**.

Forms Update

If you have internet access and the latest version of Federal/State Tax Forms (Aatrix) is not installed, the following **Aatrix Update** screen will display when you select the menu selection above.

- » If you want to immediately install the update, click **Yes** and follow the on screen instructions. A progress bar will display as the update continues.



- » If you do not want to immediately install the update and continue processing without the required update, click **No**.

2. The Federal Tax Forms screen will display.

3. Select the **Employer** you want to print the 1095-C for.
4. Select **Normal** in the **Report Method**. History is used to view or edit a previously saved form.
 - a. Select either **2023 1095/1094-C** or **2023 1095/1094-B** in the **Report** field. For information about the Affordable Care Act reporting forms and what the differences are between the forms, see the Frequently Asked Questions section of this document, contact your tax preparer or accountant, or use the links above provided by the IRS.


» You may be prompted with the following Microsoft® Redistributables screen if you have not previously installed the technology pieces required to prepare/print/efile ACA forms.

Status	Requirement
Pending	Microsoft Visual C++ 2012 Update 4 Redistributable Package (x86)
Pending	Microsoft Visual C++ 2012 Update 4 Redistributable Package (x64)
Pending	Microsoft Visual C++ 2013 Update 5 Redistributable Package (x86)
Pending	Microsoft Visual C++ 2013 Update 5 Redistributable Package (x64)
Pending	Microsoft Visual C++ 2017 Redistributable Package (x86)
Pending	Microsoft Visual C++ 2017 Redistributable Package (x64)

Buttons: Install, Cancel


- » If this Microsoft Redistributables screen displays, click **Install**.
- » On the Welcome screen, click **Next**.
- » On the Ready to Install the Program screen, click **Install**.
- » On the Completed screen, click **Finish**.

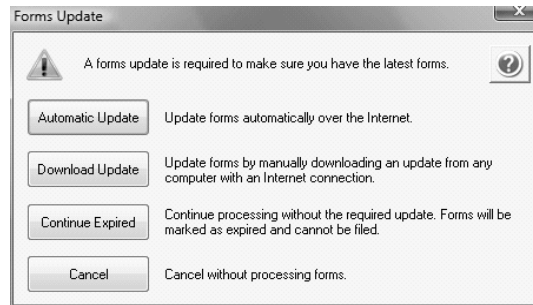
5. Select **2023** in the **Year** field.
6. Click **OK**. It may take several minutes for the payroll data to be transferred to the printing process. Actual time will depend on the number of employees in your database.

 Note: if you do not have an internet connection and/or your registration has expired, you will be prompted to register. [Click here](#) for step-by-step instructions on how to manually register Aatrix.

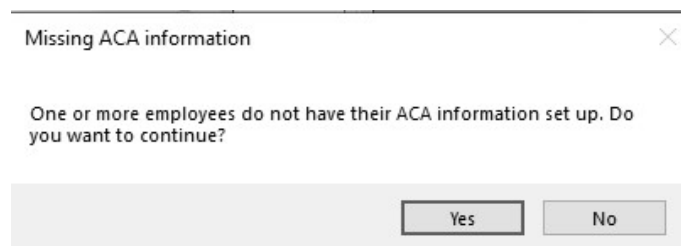
Forms Update

If you have internet access and the latest version of Federal/State Tax Forms (Aatrix) is not installed, the following **Forms Update** screen will automatically be displayed when you select the menu selection above. Simply click on **Automatic Update** and follow the on screen instructions.

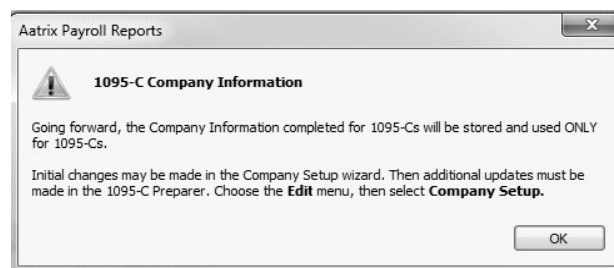
 Note: Once the update begins, the window may be behind your program window. If you minimize your program window, you will see the progress of the update or there may be an icon in your task bar that when clicked will display the progress of the update.



7. If employees are found to be missing ACA information setup for the year you will receive a message asking if you want to continue, if you select Yes, the employees will print, but will not have any of the ACA-specific information generated.

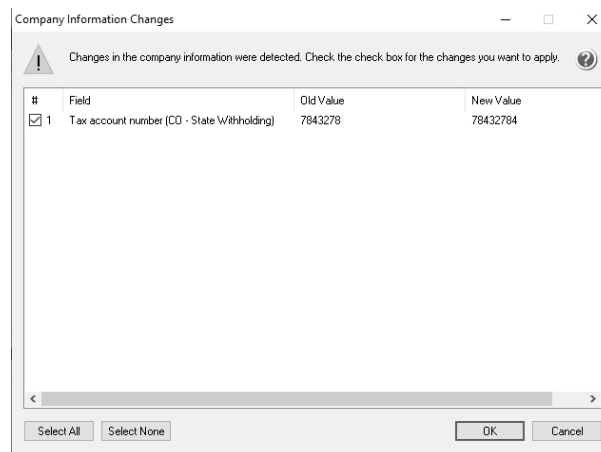


8. The **1095-C or 1095-B Company Information** screen displays to remind you that changes are stored only for 1095s and if needed to change Company Information from **Edit > Company Setup** in the 1095 Preparer in Aatrix. Click **OK**.

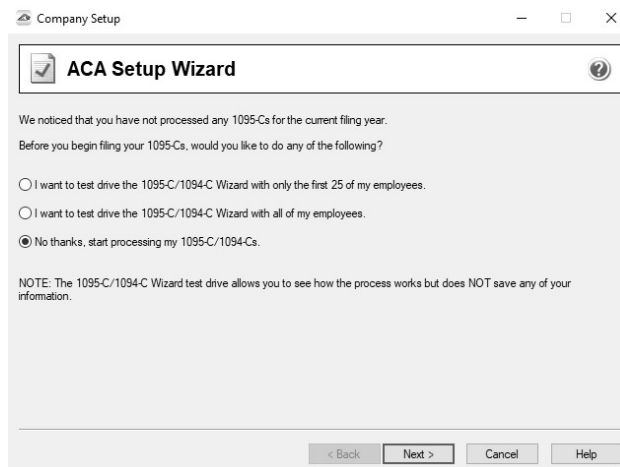


9. If changes have been made in CenterPoint Payroll that affect the information used on the ACA forms, the screen below displays indicating that changes were detected in the company information. Choose to either accept or reject these changes. To accept only certain changes, use the check box provided to indicate which changes to apply. Any changes that are accepted will overwrite the current data stored in the Company Setup Wizard. The Company Setup Wizard will

display to allow you to review the new data updates.



10. If this is the first time 1095s are being processed this year, the **ACA Setup Wizard** will automatically be displayed. The wizard will guide you through the process of verifying data and efilng or printing year end forms. Select **No thanks, start processing my 1095/1094s**, then click **Next**.



11. The **Taxpayer Identification Number** for this company is displayed. If it's correct, click **Next**. If it's incorrect, click **Cancel**. You will need to go back into your program and select **Setup > Payroll Details > Employers > Taxes** tab to correct the number and then start the export process again..



12. The **Multiple Payroll Data Files** option will be displayed. Select **Yes** if you have multiple payroll databases with the same EIN and see the Frequently Asked Questions section in this document for more information. Otherwise select **No** and click **Next**.

The screenshot shows a dialog box titled "Multiple ACA Data Files". It includes a "Please Read Carefully" section with a warning that answering incorrectly may require restarting the filing process. Below this, it asks if the user uses multiple ACA data files for the same federal EIN. A list of reasons is provided: multiple companies, multiple departments, multiple divisions, and multiple sites, all under the same federal EIN. Two radio buttons are present: "Yes, I use multiple ACA data files for this EIN." and "No, I use a single ACA data file for this EIN." The "No" option is selected. A note at the bottom states: "NOTE: Other Aggregated ALE Group Member Information will be reviewed in the Preparer." Navigation buttons at the bottom are "< Back", "Next >", and "Cancel".

13. Review your **Company Information**. The system will notify you if any required fields have incorrect or missing information. Click **Next** if the screen is correct, if it's incorrect, click **Cancel**. You will need to go back into your program and select **Setup > Payroll Details > Employers** to correct the information and then start the export process again.

The screenshot shows a "Company Information" form. Fields include: Company name (Alpine Sports), Trade name, Country (USA (United States)), Address line 1 (7432 W. Pine Creek Rd.), Address line 2, City (Mountain Lake), State (CO), ZIP code (80992), Phone ((970) 652-0745), Ext., Fax ((970) 652-4742), Contact first name (Geraldine), Middle name, Contact last name (Oak), Name suffix, Contact phone ((970) 652-0745), Ext., and Title. Navigation buttons at the bottom are "< Back", "Next >", and "Cancel".

14. Specify the correct **Tax Preparer Type**. If you are processing the ACAs for your company/employer or if you are a paid 3rd party tax preparer. If you are a 3rd party tax preparer, you will then be prompted for your information. After making the selection, click **Next**.

The screenshot shows a "Tax Preparer Type" dialog box. It asks "Which type of filer are you?" with two radio buttons: "I am filing for my company/employer." (selected) and "I am a third-party, paid Tax Preparer, filing for one or multiple companies/EINs. *". A note below states: "If you have 10 or more companies, you may sign up for the Batch eFiling Service (fees apply). Visit <http://aatrix.com/batchefiling> to learn more." A footnote at the bottom explains the asterisk: "* If you have already signed up for the Batch eFiling Service, please select the option above 'I am a third-party, paid Tax Preparer, filing for one or multiple companies/EINs.' to be recognized as a Batch eFiler." Navigation buttons at the bottom are "< Back", "Next >", and "Cancel".

- » If you are a 3rd party tax preparer, you will then be prompted for your information. If you have **Preparer Information (Optional)** entered and **Yes** selected in the **Use Preparer information** setting in **File > Preferences > Reports > Federal Tax Forms**, the paid preparer information will automatically display. Otherwise, enter the information and then click **Next**.

The screenshot shows the 'Third-Party Preparer Information' window. It contains the following fields: Preparer EIN (98-8544222), PTIN, Company name (Smith Accounting), First name (Jim), Middle (K), Last name (Smith), Address line 1 (123 Smith Road), Address line 2, City (Red Wing), State (MN), ZIP code (55066), Contact name (Jim Smith), Title (CFO), Phone ((651) 263-8052), Email (smith@accounting.com), and Fax. At the bottom are buttons for '< Back', 'Next >', 'Cancel', and 'Help'.

15. Specify the correct **Designated Government Entity** type. After making the selection, click **Next**.

The screenshot shows the 'Designated Government Entity' window. It asks 'Which type of filer are you?' with two radio button options: 'I am filing for my company/employer.' (selected) and 'I am a Designated Government Entity (DGE) filing on behalf of an employer.' At the bottom are buttons for '< Back', 'Next >', 'Cancel', and 'Help'.

16. The **Employee & Covered Individual Social Security Numbers** screen displays, determine if you want to truncate employee and covered individual social security numbers and how the truncation should appear, with asterisks or X's and then click **Next**.

The screenshot shows the 'Employee & Covered Individual Social Security Numbers' window. It asks 'Would you like to truncate employee Social Security Numbers (SSNs) on employee copies?' and provides an example of truncation. There are three radio button options: 'No truncation. Example: 123-45-6789', 'Truncate with asterisks. Example: ***-**-6789', and 'Truncate with Xs. Example: XXX-XX-6789'. Below this, it asks 'All employee covered individual SSNs will be truncated. Select truncation preference below:' with two radio button options: 'Truncate with asterisks. Example: ***-**-6789' (selected) and 'Truncate with Xs. Example: XXX-XX-6789'. At the bottom, it states 'All SSNs will display on screen. Truncation is applied on printed copies only.' and has buttons for '< Back', 'Next >', and 'Cancel'.

17. The **Employer Information** screen displays. Review and update the ALE Member Information, Certifications of Eligibility, and ALE Member Information - Monthly sections accordingly and click **Next**.

If you receive a *Windows Defender Firewall has blocked some features of this app* message, click **Allow Access**.

Note: This screen does not display for 1094/1095-Bs.

Note: The Red Wing Software Technical Support department will not be able to inform you about the specific selections appropriate for your company. If necessary, please either contact your tax preparer or accountant or use the links above provided by the IRS. The Tips Section, the text that displays when you place your cursor over the underlined text on the screen (Hover Text), and the Help Icon may also be helpful. If you have any errors during this process, they will be displayed in the Error Section.

Step 1 of 5: Employer Information
Instructions: Verify Employer Information

1 2 3 4 5

PREVIOUS NEXT SAVE HELP

ALE Member Information

Does this employer provide self-insured coverage? ☐ YES ☐ NO

Do any employees have foreign addresses? ☐ YES ☒ NO

Enter the total number of Forms 1095-C submitted with this transmittal: 0

Is this the Authoritative Transmittal for this EIN / ALE Member? ☐ YES ☒ NO

Are all employees included for this EIN / ALE Member? ☐ YES ☐ NO

Enter the total number of Forms 1095-C filed by and/or on behalf of EIN / ALE Member: 0

Is the Total number of Forms 1095-C filed by and/or on behalf of EIN / ALE Member. This field is not editable if you have answered Yes to the question above. [Click here for more information](#)

Other ALE Members

Certifications of Eligibility (Check all that apply)

☐ Qualifying Offer Method

☐ Reserved

☐ Reserved

☐ 96% Offer Method

ALE Member Information - Monthly

	Minimum Essential Coverage Offer	Full-Time Employee Count	Total Employee Count	Aggregated ALE Group Member	Reserved
All Year					
January		0	0		
February		0	0		
March		0	0		
April		0	0		
May		0	0		
June		0	0		
July		0	0		
August		0	0		
September		0	0		
October		0	0		
November		0	0		
December		0	0		

Errors:

Indicate if this employer provides self-insured coverage

18. The **Employee Contact Information** screen displays. Review and update any of the employee information, and then click **Next**. The screen is split into two sections the top displays all of the employees and the bottom displays the selected employee.

Note: If you change any of the information here, it is not saved in CenterPoint Payroll. If necessary, you can cancel this process and go to Setup > Employees in CenterPoint Payroll to change and the restart this process.

Note: If you are printing 1094/1095-B forms, please see the Frequently Asked Questions section in this document for more information about verifying/changing the Policy Origin Code on the Employee Contact Information screen.

File Edit Help

Step 2 of 5: Employee Contact Information
Instructions: Verify Employee Information

1 2 3 4 5

PREVIOUS NEXT SAVE HELP

EMPLOYEE INFORMATION

SSN	Last Name	First Name	MI	Suffix	Address 1	JAN 1 Age	PLAN START MONTH	DESTINATION STATE(S)	COVERAGE OFFER	EMPLOYEE SHARE	SAFE HARBOR	ZIP CODE
465-46-5456	APPLE	SAM			8732 CHAMPION	18	01		1A			

Employee Entry

☒ Add Employee ☐ Remove Employee

☒ Enrolled in Self-insured Coverage

Covered Individuals: 0

SSN: 465-46-5456

Last Name: APPLE

First Name: SAM

MI:

Suffix:

Address 1: 8732 CHAMPION WAY

Address 2:

City: CHICAGO

State: IL

Zip Code: 60615

Email Address:

Jan 1 Age: 18

Electronic Only: ☐

Plan Start Month: 01

Destination State(s): None selected

Offer of Coverage

	ALL YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Employee Required Contribution (see instructions)	1A												
Section 4980H Safe Harbor and Other Self													
Zip Code													

Errors:

Indicate if this employer provides self-insured coverage



Note: If the Offer code set on the Setup > Employees > ACA Information tab for the employee is set to 1L, 1M or 1N the Zip Code under the month headers on this screen, will display with the employee's home address zip code. If the Offer code set on the Setup > Employees > ACA Information tab for the employee is set to 1O, 1P or 1Q the Zip Code under the month headers on this screen, will display with the employer's address zip code.

19. The **Employee Covered Individuals** screen displays. This screen only applies if the employer provided self-insured coverage. Click **Next** if you did not provide self-insured coverage. If this screen applies to you and you did not select that you provide self-insured coverage, click the link to return to the employer screen or if you provide self-insured coverage and need to add covered individuals, click the Add Covered Individuals button.

20. The **Employee Electronic Delivery** screen displays. Verify and update the employee electronic deliver information, for example name, email address, etc, and then click **Next**. Any employee that has opted in to receiving an electronic version will have the Electronic Only box selected (no paper copy will be printed and mailed to the employee if the Complete ACA eFile Service is used). **Note:** If you change any of the information here, it is not saved in CenterPoint Payroll. If necessary, you can cancel this process and go to Setup > Employees in CenterPoint Payroll to change and the restart this process.

21. The **Employee Coverage** screen displays. Verify and update the employee coverage information, and then click **Next**. **Note:** If you change any of the information here, it is not saved in CenterPoint Payroll. If necessary, you can cancel this process and go to Setup > Employees in CenterPoint Payroll to change and the restart this process.

98-177432 ALPINE SPORTS - 2022 1095/1094-C Preparer

File Edit Help

Step 5 of 5: Employee Coverage

Instructions: Verify Employee Coverage Information

1 2 3 4 5

PREVIOUS NEXT SAVE HELP

Tips show less
Additional help is available when hovering headers, errors, and other new ACA terms.

More information

Add Employee Remove Employee

Employee Entry Add Employee Remove Employee Covered Individuals Add Covered Individual Remove Covered Individual

SSN: 465-46-5456
Last Name: APPLE First Name: SAM MI: J Suffix:
Address 1: 8732 CHAMPION Address 2:
City: CHICAGO State: IL ZIP Code: 60615
Email Address: Jan 1 Age: Electronic Only Plan Start Month: 01 Destination State(s): None selected

Offer of Coverage
ALL YEAR JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER
1A

Employee Required Contribution (see instructions)
Section 4980H Safe Harbor and Other Relief
Zip Code

If there are errors on your forms, they will be shown below in red.

22. On the Special Offer screen, review the information and then click **Close**.
23. The **1095/1094-C Printing and eFiling Options** screen will display. E-filing options are displayed with the costs associated, but that service is optional. Printing forms is free of charge. Choose the appropriate options for your company and click **Next**. See the Frequently Asked Questions section of this document for information regarding discounted eFiling if you also eFile your W-2 Forms.

ACA Preparer

1095/1094-C: Printing and eFiling Options

eFile Services allow you to pick Filing Dates, **FREE** Corrections before Filing Dates. [More info](#)

☒ **COMPLETE eFiling Service** **Next Business Day Mailing!**

	# Employees	Price / Emp	Subtotal
The eFile Center will:			
» Print and Mail Employee Copies	1	\$2.32	\$2.32
» e1095-C Only Employee Copies (What's This?)	0	\$0.99	\$0.00
» File your Federal 1095-Cs and 1094-C to the IRS	-	included	FREE
» e1095-Cs Available for all employees	-	included	FREE
TOTAL COST		MINIMUM	\$24.95

☐ **Other Options**

	# Employees	Price / Emp	Subtotal
<input type="checkbox"/> Print Employee 1095-Cs	-	-	-
<input type="checkbox"/> eFile Federal Only 1095-Cs / 1094-C	1	\$0.49	\$0.00
<input type="checkbox"/> Print Federal Copy 1095-Cs / 1094-C	-	-	-
TOTAL COST			\$0.00

☒ **Print Employer Copy 1095-Cs**

Back Next Cancel

Note: If you chose to print your Federal forms, you will receive a New Electronic Filing Requirements screen. This screen outlines the regulation the IRS and the Department of Treasury changed on February 21, 2023 which changed the Federal eFile threshold for 2023 from 250 to 10. Click [here](#) for more information. Click **OK** to return to the filing options screen to continue printing if you are compliant or make eFiling selections to remain compliant.

New: Electronic Filing Requirements

Regulations section 301.6011-2:

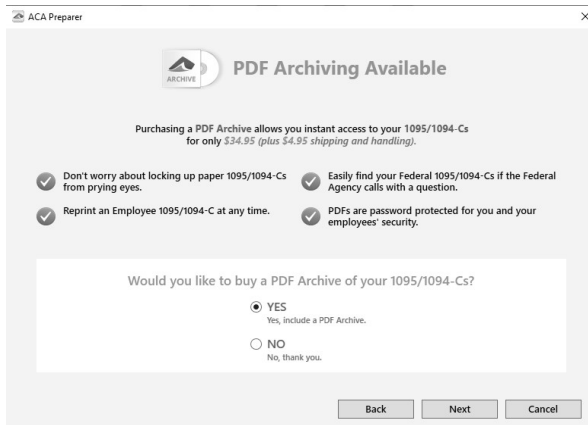
Organizations filing, in aggregate 10 or more IRS returns in a calendar year of any kind, including W-2, 1099, 1095-C/B, will need to file all required returns electronically.

<https://www.irs.gov/forms-pubs/new-electronic-filing-requirements-for-forms-w-2>

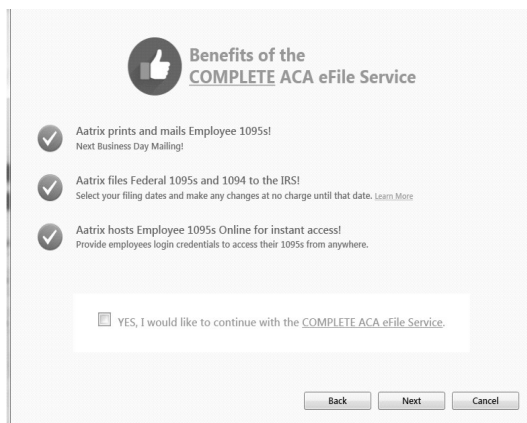
OK

24. If you chose the Complete ACA eFiling Service, you have the option to purchase a PDF archive on a USB drive of your ACA forms, select **Yes, include a PDF archive** to purchase an archive or select **No, thank you** to continue without purchasing an archive.

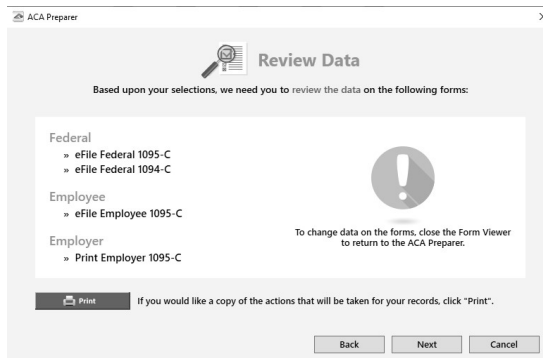
 Red Wing Software recommends purchasing a PDF Archive of your ACA Forms as a backup so you can easily view or reprint a filed ACA form if your Aatrix History file becomes corrupt, the file cannot be located, or you get a new computer and the file is not copied to your new computer.



25. If you have not chosen the Complete ACA eFiling Service option, you have another chance to select that service instead of printing the ACA forms yourself. Click **Next** to continue.



26. The **Review Data** screen will be displayed. Note: If you select the Print button, it will create a printed version of exactly what displays on this screen. If any changes are needed, click **Back**. Otherwise click **Next** to continue.



27. The 1094-C Transmittal form will be displayed. The form type is displayed in the yellow bar. It also specifies how many different forms were selected to be printed. To print this first form, click **Print Copy** to print a copy for your own records or

Print Final to print the form to file. You will be prompted to enter plain paper. Click **OK**. Once the data is printed, click **Next Step** to continue to the next selected form.

28. The first 1095-C form will be displayed. The form type is displayed in the yellow bar. It also specifies how many different forms were selected to be printed. To print this first form, click **Print Final**. You will be prompted to enter plain paper. Click **OK**. Once the data is printed, click **Next Step** to continue to the next selected form.

29. The Report viewer is self-guided. Fields that are required for your entry are outlined in either Red or Blue. You can tab between fields. Much of the information on the report is already filled in for you from the integration between CenterPoint Payroll and Aatrix.

- » On the Aatrix Payroll reports screen,
 - Review/edit the report.
 - Review the report for accuracy of values.
 - Fill out required boxes highlighted in Red.
 - Blue boxes may be changed. To change the information on the Aatrix screen, click the box you want to change, change the information, and then click Save. The saved changes will print on the form, but will not change anything in CenterPoint Payroll.

30. After you have completed all of the entry on the current page, click the **Next Step** button on the top of the screen.

- » If you missed any information on this page, Aatrix will prompt you to enter it. The Next Step button at the top of the screen may need to be clicked multiple times until the Filing Options screen displays.

31. The Instructions for the Employee 1095-C Recipient Notice will display. Click **Print Final** to print a copy on blank paper. To print this first form, click **Print Copy/Final**. You will be prompted to enter plain paper. Click **OK**. Once the data is printed, click **Next Step** to continue to the next selected form. The 1095-C Recipient Notice can be located by using the Search feature on the Internal Revenue Service website at www.irs.gov.

1095-C Notice - Aatrix Payroll Reports

File Edit View Tools Help

Report 3 of 5: Employee 1095-C Notice

1 page

Click Print Copy for your copy, then click Next Step.

Print Draft Print Copy Prev Step Next Step

Form 1095-C (2023)

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. The Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers. For example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer. In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-819-0452).

Part I. Employee

Lines 1-6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part II. Applicable Large Employer (Employer)

Lines 7-13. Part II, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

32. The Employer 1095-C will be displayed. To print this first form, click **Print Copy/Final**. You will be prompted to enter plain paper. Click **OK**. Once the data is printed, click **Next Step** to continue to the next selected form.

1095-C Employer - Aatrix Payroll Reports

File Edit View Tools Help

Report 4 of 5: Employer 1095-C

1 page

Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

Form 1095-C Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-0045

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/form1095-c for instructions and the latest information.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part I. Applicable Large Employer (Employer) (Lines 7-13)

Employer's name, address, and ZIP code

ALPINE SPORTS
7432 W. PINE CREEK RD.
MOUNTAIN LAKE CO 80992

Employee's name and address

Employee (Lines 1-6)

Social security number (SSN): 465-46-5456

Contact telephone number: (970) 652-0745

Employee's first name and middle initial Last name Suffix

SAM APPLE
8732 CHAMPION WAY
CHICAGO IL 60615

Employer identification number (EIN): 98-1777432

Employee's address and ZIP code

Part II. Employee Offer of Coverage

At 12 Months

14 Offer of Coverage (enter applicable code)

15 Employee Required Contribution (see instructions)

16 Section 408(a) Safe Harbor and Other Relief (enter code, if applicable)

17 ZIP Code

Part III. Covered Individuals

If employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s)
First name, middle initial, last name

(b) SSN or other TIN

(c) DOB (if SSN or TIN covered)

(d) Covered

(e) Months of Coverage

33. The Employee 1095-C will be displayed. Click **Print Copy/Final**. You will be prompted to enter plain paper. Click **OK**. Once the data is printed, click **Next Step** to continue to the next selected form.

Efile ACA Forms



This section will not display if you have not chosen to eFile your ACA forms.

- » If you have chosen to eFile any of your forms, and you have not filed previously, the Aatrix Secure eFile screen will be displayed.

EIN 779876543 Not Enrolled

To eFile with this Taxpayer EIN complete one of the following steps:

Navigate to the URL below and Enroll this Taxpayer EIN under a new eFile account

or

Navigate to the URL below and Login to your eFile account to add this new company under the Companies tab.

Once you have completed either of these steps, return to this window and click the Check Enrollment status option to eFile.

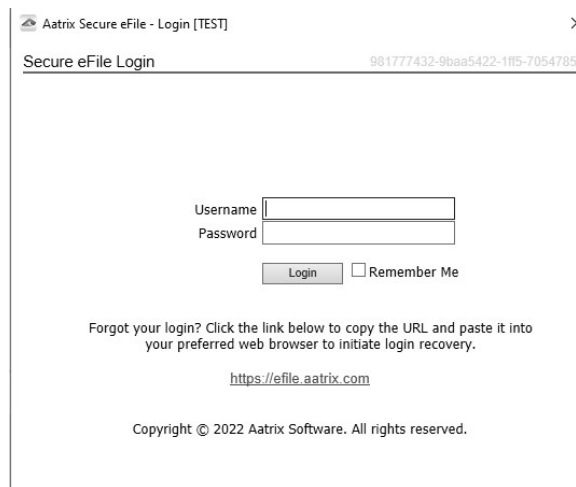
To get started, click the link below to copy the URL and paste it into your preferred web browser.

<https://efile.aatrix.com/>


Check Enrollment Status

Cancel

- » If you are not enrolled to eFile with Aatrix, you can do one of the following:
 - » Click the <https://efile.aatrix.com> link to be transferred immediately to the Aatrix website, then click **Enroll** in the upper-right corner to begin the enrollment process. After you are enrolled, close the Browser window and select **I have enrolled and have my Login Id**. Enter your login information and then follow the onscreen instructions to eFile your forms.
 - » Click **Cancel** and enroll each Taxpayer EIN at <http://efile.aatrix.com>. Go back to CenterPoint, select your forms to eFile, **click I have enrolled and have my Login Id**, enter your login information, and then follow the onscreen instructions to eFile your forms.
- » If you are enrolled to eFile with Aatrix, click I have Enrolled an have my Login ID, enter your login information, and then follow the onscreen instructions to eFile your forms.



- » If you need additional information during the efile process, [click here](#) or enter <https://www.aatrix.com/support/knowledgebase/windows/> to view answers to common questions.
- » For additional information about efilng and to view videos about the efile process, [click here](#) or enter <http://partner.aatrix.com/redwing>
- » When the efile process is complete, the Complete screen will indicate that your filing was successfully received for processing. A confirmation email will be sent to the email address specified on this screen.
- » The AFID (Aatrix Filing Identifier) is a number assigned to your submission for tracking purposes.

 Note: It is important to write this number down. It will be required when contacting the eFile Center with questions about your submission.

- » If you efiled your forms, and have questions regarding your filing, contact Aatrix by email at helpme@aatrix.com, on their website at <https://efile.aatrix.com/> by clicking **Login** and entering your Aatrix username and password, or on their website at <https://efile.aatrix.com/> by clicking the **Search our FAQs** button.
34. Upon completion of the ACA forms printing process, the **ACA History File Options** screen is displayed. If you are finished printing forms for the time being, select **Close**. This screen will also be displayed if the ACA printing process is started again.

1095/1094-C History File Options

You have already completed part of your 1095/1094-C filings.
Please review what you have completed and select which action you would like to take next.
(Each time you complete an action, you will be returned to this screen.)

Form	Last Completed Action
Employer 1095-C	
Federal 1095/1094-C	
Employee 1095-C	

[View Detailed List of Completed Actions](#)
[View Instructions on Returning Later](#)

Available Actions

- ☒ **Reprint Completed 1095/1094-Cs**
Reprint a copy of any 1095/1094-C filing that you have already completed.
- ☐ **eFile or Print Incomplete 1095/1094-Cs**
eFile or print any required 1095/1094-C copies you did not process yet.
- ☐ **Correct Completed 1095/1094-Cs**
Make corrections to 1095/1094-C copies that you have processed. Also, add/delete employees in this process.
- ☐ **Start Over**
Clear your past actions and start the 1095/1094-C process over again with new employee data.
- ☐ **e1095/1094-C Password Lookup**
Look up your password information.

[Back](#) [Next](#) [Close](#)

Frequently Asked Questions:

Q: Are there any important changes to the ACA filing process for 2023?

A: On February 21, 2023, the IRS and the Department of the Treasury changed the Federal eFile threshold for 2023 from 250 to 10. Click [here](#) for more information. For specific W-2 and ACA form information, click [here](#).

Q: I have part-time employees that were active for the year; do I need to set up their coverage information on the ACA Information tab in CenterPoint Payroll even though I won't be printing a 1095 form for the part-time employees?

A: If you want your ACA employee counts to be accurate, you need to set up your part-time employees with ACA coverage periods. These employees can be set to not produce a 1095 but be included in the ACA counts by selecting **Setup > Employees > ACA Information** tab, on the left side of the screen add a **Coverage Period**, and then on the right side of the screen in the **Status** box select **Part-Time** and in the **Offer** box, select **Not Applicable (No Form)**.

Q: What are the available Affordable Care Act reporting forms and what are the differences between the forms?

A: The Affordable Care Act reporting forms are:

- » **Form 1095-C** must be issued by employers with 50+ full time employees (including full-time equivalent employees) or who are a member of an applicable large employer (ALE) group to employees and to the IRS. Filers may submit multiple 1095-C batches to the IRS.
- » **Form 1094-C** is the transmittal form that must be filed with form 1095-C. This transmittal may have up to three pages which must also be included when e-filing each batch to the IRS.
- » **Form 1095-B** must be issued by a self-insured employer with less than 50 full-time employees (including full-time equivalent employees), or by the insurer to employees and to the IRS as proof of healthcare coverage.
- » **Form 1094-B** is the transmittal form that must be filed with form 1095-B.

Q: I want to send my employee's 1095 forms electronically to be viewed online with Aatrix. How do I set up my employees to receive electronic copies?

A: Select **Setup > Employees > Payroll** tab and then select the **Consent To Electronic 1095** check box. If this box is selected, a signed consent form must be on file. This form can be printed from **Federal & State Payroll Forms & Reports > Federal Tax Forms** and selecting **Electronic 1095 Consent** in the **Report** box. Additional charges apply for eFiling with Aatrix.

Q: Is there a way that I can update all my active employees to the ACA coverage period of the new year?

A: Yes, from **Setup > Employees**, and **Edit** one of your employees, then select the **ACAInformation** tab. Click **Add** and add the coverage period for this year. Then, click the **Copy To** button and choose the employees you would like to copy that coverage period to.

Q: If I choose to eFile my ACA forms, is there a charge per form/employee?

A: Yes, please [click here](#) to view the eFile pricing for ACA and other tax forms.

Q: I've decided to eFile my ACA forms and want more information about signing up to eFile and the eFile process, where can I get more information about eFiling?

A: You can obtain additional information about eFiling at <https://customer.aatrix.com/redwingsoftware>.

Q. What are the 2023 eFiling deadlines for ACA Forms?

A. Efilng deadlines can be located from this link: <https://efile.aatrix.com/pages/public/FilingDeadlinesPublic.aspx?v=ATX000>.

Q. Do I need to order ACA forms or can I print them on plain paper?

A.: You are able to print all of your ACA copies on plain paper; you do not need to print the transmittal on preprinted forms. Note: There is special perforated blank paper available that is recommended for use when printing employee copies of the ACA forms. This paper comes with the ACA instructions printed on the back of the paper (for the employee copy). This paper is available from Computer Forms, Inc. at https://redwing.computerforms.biz/c/tax_forms or by calling 800-458-0158.

Q. Do I need to print my ACA forms before I close the 2023 year and print January checks?

A. There is no closing process in CenterPoint Payroll, so ACA forms can be printed anytime.

Q. I'm trying to process my ACA forms, but I keep getting the message "Would you like to register now, or evaluate?"

A. You will need to manually register your Federal/State Tax Forms (Aatrix) software.

1. Call Red Wing Software at 1-800-732-9464 and request an Aatrix Registration code.
2. Open **CenterPoint**
3. Select **Help > Product Registration > Federal/State Tax Forms Registration**.
4. In the **Aatrix Registration Key** box, enter the key you were given by Red Wing Software (do not enter the dashes).
5. Click **Submit**.
6. At the **Registration Successful** message, click **OK**.
7. Click **Close**.
8. Your Aatrix software is registered through the last day of the month of your Customer Care Plan anniversary date.

Q. Why am I getting a "forms update" or "mandatory update" message when I try to process my ACA forms and what do I need to do?

A. At least once a quarter, including at year end, updates are created for the Federal/State Tax Forms (Aatrix) software. When you receive either of those messages, it means that Aatrix has an update available that you should install prior to continuing. If you have internet access at this computer, you can simply select **Automatic Update** and follow the prompts to do the update through the program. Note: If you have signed up for the service that automatically sends an Aatrix flash drive at the end of each quarter, please follow the instructions that will be included with the flash drive. Those flash drives will begin shipping before January 1, 2024.

If you don't have internet access at the computer that has CenterPoint Payroll installed, but you do have it available at another workstation, follow the instructions below. This process does require the use of a removable drive (CD, thumb, zip or flash drive, USB Drive, etc.).

1. Log into the Red Wing Software website at www.redwingsoftware.com, from the **Welcome, (Your Name)** menu, select **My Account Home**, select the **Downloads** tab, under **CenterPoint Payroll** select **Downloads**, and then select **Federal/State Tax Forms (Aatrix)**. Click the download file and then follow the on-screen instructions.

2. When the download is complete, exit the website. Copy the **RedWingForms.exe** file from your desktop to the removable drive (CD, thumb drive, etc.) you'll be using to move the downloaded file.
3. Take the removable media source to the computer with CenterPoint Payroll and install by double-clicking on the **RedWingForms.exe**.

If you don't have an internet connection at any of the computers, you can call the Red Wing Software Sales department at 800-732-9464, and we'll send the Federal/State tax forms (Aatrix) updates to you on a CD once a quarter for a minimal annual fee.

Q: Can I change the figures on my ACA forms if they are incorrect?

A: Yes, once the data is in Aatrix Federal/State Tax Forms, you can change any figure on the reports that are highlighted blue. Any figure that is highlighted red must be changed before you can print the report. Any figure that is white cannot be changed, but it is a calculated number, so it can be changed by adjusting the fields around the white field. Note: Changing the figures on this screen will only change the printed Federal reports, it will not change the data in your payroll program.

Q: I'm trying to eFile my ACA forms and I can't remember my Aatrix eFile username and/or password, how can I get it?

A: We recommend you contact Aatrix by calling 800-426-0854 or by clicking on the Forgot Login button.

Q: If I use the Complete eFiling Service for my W-2 forms, are there any applicable discounts for using the complete eFile service for my ACA 1095 forms?

A: Yes, the Aatrix ACA Complete eFile Service can print and mail employee copies and eFile the required reports to the IRS at a discounted rate. To qualify for discounted 1095s, follow the steps below:

1. eFile your W-2s using the Aatrix W-2 Complete eFile Service.
2. Select a mail date for your employee W-2s that provides you with enough time to complete your ACA filing (the mail date may be adjusted at efile.aatrix.com up to one day prior of the set date).
3. eFile your ACA forms utilizing the Aatrix Complete eFiling Service and save 50%.

Q: After exporting my data it asked to register Federal/State Tax Forms Aatrix. How do I register?

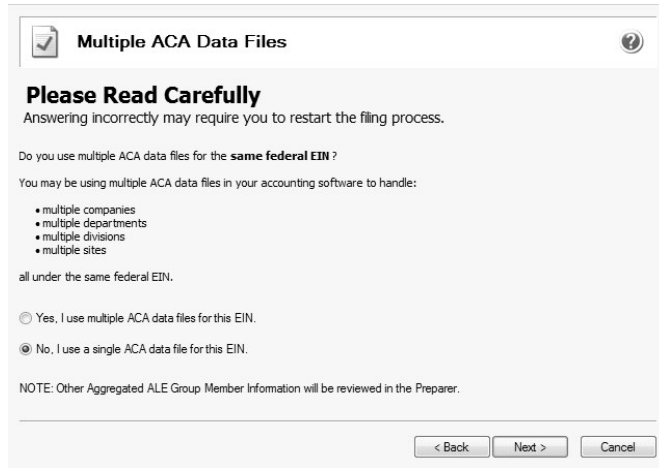
A: You will need to manually register your Federal/State Tax Forms (Aatrix) software.

1. Call Red Wing Software at 1-800-732-9464 and request an Aatrix Registration code.
2. Open **CenterPoint**
3. Select **Help > Product Registration > Federal/State Tax Forms Registration**.
4. In the **Aatrix Registration Key** box, enter the key you were given by Red Wing Software (do not enter the dashes).
5. Click **Submit**.
6. At the **Registration Successful** message, click **OK**.
7. Click **Close**.
8. Your Aatrix software is registered through the last day of the month of your Customer Care Plan anniversary date.

Q: I have multiple payroll databases for one EIN; how do I merge the databases so I get one set of ACA forms?

A: Follow the steps below to merge multiple databases into one set of ACA forms?

1. Start the ACA forms process and continue until the Multiple Payroll Data Files screen displays. On the **Multiple Payroll Data Files** screen, select Yes, I use multiple payroll data files for the EIN and click **Next** to continue.



Multiple ACA Data Files

Please Read Carefully
Answering incorrectly may require you to restart the filing process.

Do you use multiple ACA data files for the **same federal EIN** ?

You may be using multiple ACA data files in your accounting software to handle:

- multiple companies
- multiple departments
- multiple divisions
- multiple sites

all under the same federal EIN.

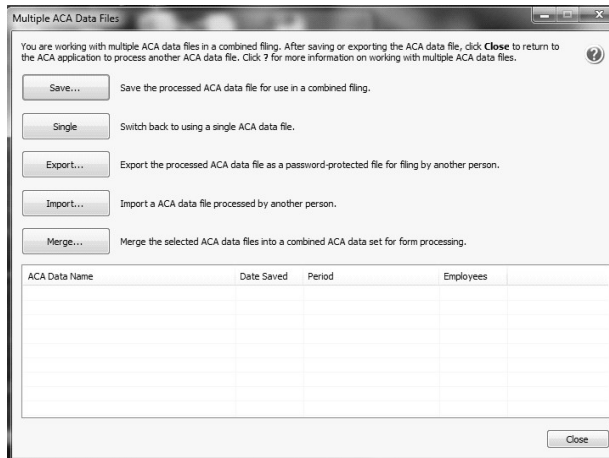
☐ Yes, I use multiple ACA data files for this EIN.

☒ No, I use a single ACA data file for this EIN.

NOTE: Other Aggregated ALE Group Member Information will be reviewed in the Preparer.

< Back Next > Cancel

2. The next **Multiple Payroll Data Files** screen displays, click **Save**, enter a name for the payroll data file, and click **Close**.



Multiple ACA Data Files

You are working with multiple ACA data files in a combined filing. After saving or exporting the ACA data file, click **Close** to return to the ACA application to process another ACA data file. Click ? for more information on working with multiple ACA data files.

Save... Save the processed ACA data file for use in a combined filing.

Single Switch back to using a single ACA data file.

Export... Export the processed ACA data file as a password-protected file for filing by another person.

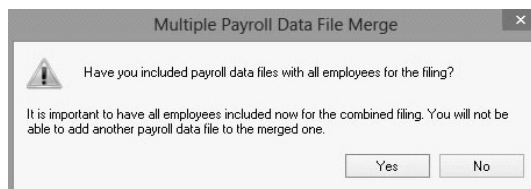
Import... Import a ACA data file processed by another person.

Merge... Merge the selected ACA data files into a combined ACA data set for form processing.

ACA Data Name	Date Saved	Period	Employees

Close

3. Open the other database(s) and repeat steps 1-2 above for all databases you want to merge. When all data files are saved, continue to step 4.
4. At the bottom of the **Multiple Payroll Data Files** screen, select each database to be merged and then click **Merge**.
5. On the **Multiple Payroll Data File Merge** screen, click **Yes**.



Multiple Payroll Data File Merge

Have you included payroll data files with all employees for the filing?

It is important to have all employees included now for the combined filing. You will not be able to add another payroll data file to the merged one.

Yes No

6. On the **Multiple Payroll Data Files** screen, click **Continue** to continue processing ACAs.

Q. I'm attempting to log in to the Red Wing Software website, but it does not recognize my Email and/or Password? What should I do?

A. Follow the instructions below for information about the Red Wing Software website.

To log in to the Red Wing Software website:


1. In your web browser, enter **www.redwingsoftware.com**, and press Enter.
2. In the upper-right of the Red Wing Software home page, click **Log in**.
3. Enter your **Email Address** and your **Password**.
4. Click **Log in**.

To register on the Red Wing Software website:

If you have not previously registered or logged in on the Red Wing Software website, please follow the steps below:

1. In your web browser, enter **www.redwingsoftware.com**, and press Enter.
2. In the upper-right of the Red Wing Software home page, click **Log in**.
3. Click **Register**.
4. In the **Account Number** box, enter your company **Account Number**. Your Account Number can be located in a few different places:
 - a. From within CenterPoint by selecting **Help > About**.
 - b. On the Support Certificate that you receive upon renewing Customer Care Membership.
 - c. Red Wing Software sends customers a renewal form for Customer Care Membership. This renewal form contains your account number.
 - d. Invoices you've received from Red Wing Software contain your account number.
 - e. If others at your company have already registered, they can sign into their account and find your company's account number at www.redwingsoftware.com/home/myaccount.
5. Continue entering your **Title, First and Last Name, Email Address** (which is your login) and a **Password**.
6. Enter the displayed **Security Verification** code, and then click **Submit**.

To retrieve a forgotten password:

1. In your web browser, enter **www.redwingsoftware.com**, and press Enter.
2. In the upper-right of the Red Wing Software home page, click **Log in**.
3. Click the  **Forgot** link.
4. Enter/verify your **Email Address**, click **Send**, and then click **Close**.
5. Wait until you receive an email that includes instructions to reset your password.
6. Click the link in the email that you received from Red Wing Software.
7. Enter the **Validation Code** which was included in the email. If you enter the code and it is not recognized, copy and paste the code from the email. The Validation Code expires in 24 hours.
8. Enter a **New Password** and then **Re-enter the New Password**.
9. Click **Submit**.
10. Click **OK**.

To log out of the Red Wing Software website:

1. At the top of the Red Wing Software home page, click **Welcome, (Your Name)**.
2. In the displayed menu, select **Log out**.